HARRISON COUNTY PLAN COMMISSION
IMPROVEMENT LOCATION PERMIT APPLICATION

OWNERS NAME _____PHONE_____

CURRENT ADDRESS_____Name of person living on property_____

City, Zip _____Relationship to owner if applicable_____

DIRECTIONS TO PROPERTY_____

_____

_____

CURRENT USE OF SITE (circle one)   Vacant/Single Family/Modular/Mobile Home
Garage/Commercial/Storage Building

NUMBER OF BEDROOMS_____   REASON FOR PERMIT_____

BUILDING SIZE_____   TYPE OF EXTERIOR _____

BASEMENT(circle) Yes/No-Finished/Unfinished COST/APPRAISED VALUE _____

General Contractor_____ Electrician_____ Plumber_____
          Phone _____   Phone _____   Phone _____

PERMIT CHECKLIST- each item must be completed.(electric permits are exempt)
_____copy of septic tank permit attached.(required for new homes or bedrooms) #_____
_____copy of recorded contract or deed attached.
_____copy of driveway permit attached.(not required for additions)
_____copy of site plan.(see reverse side)
_____copy of building plans(foundation& tie down plan for manufactured&MH).MH date_____
_____copy of town permit if location is within 2 miles of a town that has zoning.#_____
Has a variance or special exception ever been applied for or approved for this
property___yes____no. If yes please describe_____

I agree that, if granted a permit for the above described building at the location designated in the County of Harrison, I will observe and comply with all laws, ordinances, and regulations affecting the use of the land including the Zoning Ordinance and all Ordinances amendatory thereof and supplement thereof now in force in the County of Harrison and consent to inspection of the premises for which the permit is granted, during and upon completion of construction authorized. It is further agreed that upon a determination that the work performed under this permit does not comply with the approved site plan, I will take corrective action, including demolition if necessary, to insure the site improvements comply with all minimum setback requirements.

_____   _____
Signature of owner or representative   date
IF THERE ARE ANY QUESTIONS PLEASE CALL (812) 738-8927 M-F 8-4:30
_____

FOR OFFICE USE ONLY
Subject to all conditions stated above by the applicant and any conditions required by the Plan Commission staff (attached), the application for an Improvement Location Permit is hereby approved.

Administrator/Planner_____Date_____Fee_____

Flood Plain Yes/No (Circle) Comments_____-

Construction plans approved by_____ setbacks F_____S_____R_____

PARCEL ID
TOWNSHIP_____SECTION_____TWP_____RANGE____PARCEL_____

Project address_____

RECEIPT #   DATE   PERMIT#